

MAINE DEPARTMENT OF LABOR  
Bureau of Unemployment Compensation  
19 Union Street, P.O. Box 259  
Augusta, Maine 04332-0259

**APPLICATION FOR TERMINATION OF COVERAGE**

An employer closing its business permanently can terminate its account and in doing so end its liability for Unemployment Insurance Compensation. The Commissioner will consider your account terminated after you have submitted a written application for termination and have provided one calendar year of quarterly reports that indicate no Unemployment Insurance liability. Termination of your unemployment insurance account becomes effective on January 1 of the year following your application. Termination can become effective in the same year, provided application is submitted prior to January 31<sup>st</sup>.

Termination means that your account number will no longer be used. If you wish to reuse or retain your account number, your account should be closed instead.

**Example:** You decide to close your business permanently. You would request a termination of your account. Another business or employer (perhaps a seasonal, agricultural or domestic employer) might close its account while it is inactive, but reopen the same account once it is again active within seven (7) calendar quarters of its closing.

Under Maine Employment Security Law §1222, you are considered an employer (even if you report zero (0) employment) during the whole year subsequent to your application that you apply to terminate your Unemployment Insurance account. This means that you are still required to provide quarterly reports and payments (if you are liable) for the remaining calendar quarters of the year of your application.

If you wish to terminate your account, please provide the information below. We will confirm your termination by return mail as soon as possible.

Business Name	Employer Account Number	Telephone No.
Address (Street and Number)	(City or Town)	(State) (Zip)

Please answer the following question:

Did you have payroll in any quarter of this year? ..... [ ] YES [ ] NO

If "YES," what was the amount you paid per quarter?

Quarter Ending March 31, _____	Quarter Ending June 30, _____	Quarter Ending September 30, _____	Quarter Ending December 31, _____
\$	\$	\$	\$

**The undersigned hereby affirms this information to be true and correct and hereby makes application for termination of coverage as an employer under the Maine Employment Security Law.**

Signed	Title	Date
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FINDINGS: Your Application for Termination of Coverage is hereby:

[ ] APPROVED [ ] DENIED (See attached letter) [ ] MODIFIED, Reason: \_\_\_\_\_

Augusta, Maine: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**QUESTIONS ABOUT THIS NOTICE?**

Contact a Status Representative at (207) 287-3176 Fax: (207) 287-3733  
TTY (Deaf / Hard of Hearing): 1-800-794-1110 E-Mail Address: **division.uctax@Maine.gov**